



Deutsche Gesellschaft für Zytometrie e.V.
German Society for Cytometry

Membership application for the German Society for Cytometry (DGfZ)

Full Name _____
Street address _____
Postal Code, City _____
Date of Birth _____
E-Mail _____
Phone _____

I hereby declare my membership of the DGfZ e.V. as:

personal member 20,- € annual fee
student (study certificate is needed to get a discount)

I authorize you to debit the above-mentioned annual fee from my bank account. I have completed the corresponding SEPA direct debit mandate (page 2).

I agree that my data will be stored for association purposes via electronic data processing.

Place, Date

Signature

contact

President: Prof. Dr. Oliver Otto, University of Greifswald
Treasurer: Christian von Rein, FBN Dummerstorf
e-mail: treasurer@dgfz.org / board@dgfz.org

SEPA direct debit mandate

Attachment to the membership application of: _____

Deutsche Gesellschaft für Zytometrie e.V., Kurt-Elsner-Str. 75, 04275 Leipzig

Creditor identification number: **DE22ZZZ00000607860**

Mandate reference no.: **(will be communicated separately)**

I authorize the Deutsche Gesellschaft für Zytometrie e.V. to debit payments from my account by direct debit. At the same time, I instruct my bank to redeem the direct debits drawn on my account by the Deutsche Gesellschaft für Zytometrie e.V.

Note:

I can request a refund of the debited amount within eight weeks of the debit date. The conditions arranged with my bank apply.

Account holder / payer details:

Full Name _____
Street address _____
Postal code, City _____
Date of Birth _____
E-Mail _____
Phone _____
IBAN _____
BIC _____

Place, Date

Signature